

TOWSON UNIVERSITY HEALTH CENTER

PRE-ENTRANCE IMMUNIZATION RECORD This form must be completed and signed by a health care provider.

Return by mail, fax or email: HEALTH CENTER, TOWSON UNIVERSITY, 8000 YORK ROAD, TOWSON, MD 21252

FAX: 410-704-3715 • EMAIL: Immunizations@towson.edu

STUDENT NAME: _____ Date of Birth: (mm/dd/yy) _____ TU ID # _____

REQUIRED FOR ALL STUDENTS ATTENDING CLASSES ON TU'S MAIN CAMPUS AND AFFILIATED CAMPUSES (HEAT, So.MD.HEC, TUNE, Hagerstown, Shady Grove):

VACCINE	DOSE 1	DOSE 2	Alternative to MMR vaccine:
Measles-Mumps-Rubella 2 doses given on or after 1st birthday	___/___/___	___/___/___	Positive IgG titers to Measles (rubeola), Rubella and Mumps ATTACH LAB REPORT
Tetanus-Diphtheria-Pertussis (Tdap) Single dose of Adult Tdap (Adacel® or Boostrix®) given at ≥ 11 yrs. of age AND after 5/2005 (date of FDA licensure). Pediatric DTaP given <11 yrs. of age or before 5/2005 NOT acceptable.	___/___/___		A Td (Tetanus-diphtheria) booster is NOT an acceptable alternative unless there is a documented medical contraindication to Pertussis vaccine. In that case, Td booster within 10 years of start of classes will be accepted. Last Td booster, if Pertussis contraindicated: ___/___/___

TUBERCULOSIS SCREENING: Required of all international students and other students with TB risk factors.

U.S. CITIZENS/PERMANENT RESIDENTS: You must complete the online TB risk screening form found on the secure student web portal (<http://Mydowellhealth.towson.edu>). If TB risk factors are present, you must obtain a TB test (PPD skin test or blood serology test) within 6 months of academic term start date. The TB test form can be downloaded from the web portal and sent in with this form.

ALL INTERNATIONAL STUDENTS ON VISAS: You must come to the TU Health Center upon arrival at Towson for a TB testing visit. A TB test is required, regardless of prior BCG vaccine. If you have had a TB skin test, TB blood test or chest x-ray performed in the U.S. within 6 months of arrival to Towson, bring this documentation with you, including official chest x-ray report. PLEASE DO NOT BRING THE X-RAY FILM. If you have ever been treated for a positive TB test or active tuberculosis, bring documentation of drugs and duration of treatment. You will not be allowed to remain in classes if you do not complete this requirement.

REQUIRED FOR STUDENTS LIVING IN ON-CAMPUS HOUSING UNLESS HOUSING WAIVER IS SIGNED (Health Center recommends vaccine for any student ≤ 21 yrs. of age):

Meningococcal (Meningitis) (Conjugate vaccine, Menactra® or Menveo®) Given ≥ 16 yrs. of age.	___/___/___		<input type="checkbox"/> Meningococcal Vaccine Housing Waiver signed
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REQUIRED FOR NURSING AND OTHER HEALTH PROFESSIONAL STUDENTS (recommended for all students):

VACCINE	DOSE 1	DOSE 2	DOSE 3	
Varicella	___/___/___	___/___/___		Varicella IgG titer: <input type="checkbox"/> Positive (Attach copy of titer results)
Polio (IPV or OPV)	___/___/___	___/___/___	___/___/___	Polio booster dose of IPV acceptable if no proof of primary series: ___/___/___
Hepatitis B	___/___/___	___/___/___	___/___/___	Hep B S Ab titer: <input type="checkbox"/> Positive (Attach copy of titer results)

RECOMMENDED FOR FEMALE AND MALE STUDENTS ≤ 26 yrs. of age:

Human Papilloma Virus (HPV)	___/___/___	___/___/___	___/___/___	
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EXEMPTION FROM REQUIRED IMMUNIZATIONS: Only bona fide medical and religious exemptions allowed. Any exemptions may result in quarantine or removal from campus of unimmunized students in the event of a contagious disease outbreak.

Medical Exemption: Health care provider must document the specific vaccine(s) that present a health risk to the student and whether the exemption is temporary or permanent: _____

Religious: Student must complete and have notarized a Request for Exemption detailing religious basis of request. Form is available on website.

HEALTH CARE PROVIDER (PRINT NAME): _____ **Date:** _____

HEALTH CARE PROVIDER SIGNATURE: _____ **Phone:** _____